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P. 1

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FROM: Robert E. Scheid (Reg. No. 42,126)**DATE:** October 3, 2006

Number of pages with cover page:	7
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Contents of this Transmission:

Atty Docket No. 602102000121:

Inventor: Leonard SCHLESSINGER et al.

Application No.: 10/763,653

Filing Date: January 22, 2004

Group Art Unit: 1631

Examiner: J. M. Sims

Title: GENERATING A MATHEMATICAL MODEL FOR DIABETES

Documents:

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time - 2 months (1 page)

Response to Restriction Requirement (2 pages)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

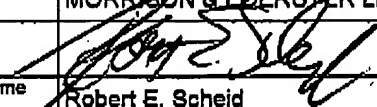
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/763,653	
	Filing Date	January 22, 2004	
	First Named Inventor	Leonard SCHLESSINGER	
	Art Unit	1631	
	Examiner Name	J. M. Sims	
Total Number of Pages in This Submission	6	Attorney Docket Number	602102000121

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover
Remarks		

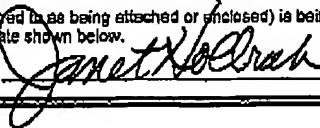
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Robert E. Scheid		
Date	October 3, 2006	Reg. No.	42,126

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4618).		Complete if Known																
FEE TRANSMITTAL For FY 2006		Application Number	10/763,653															
		Filing Date	January 22, 2004															
		First Named Inventor	Leonard SCHLESSINGER															
		Examiner Name	J. M. Sims															
		Art Unit	1631															
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	602102000121															
TOTAL AMOUNT OF PAYMENT (\$) 450.00																		
METHOD OF PAYMENT (check all that apply)																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>																		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																		
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																		
	FILING FEES		SEARCH FEES	EXAMINATION FEES														
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)													
Utility	300	150	500	250	100													
Design	200	100	100	50	65													
Plant	200	100	300	150	80													
Reissue	300	150	500	250	300													
Provisional	200	100	0	0	0													
2. EXCESS CLAIM FEES																		
Fee Description					Small Entity Fee (\$)													
Each claim over 20 (including Reissues)					50													
Each independent claim over 3 (including Reissues)					200													
Multiple dependent claims					360													
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>60</td> <td>- 60 = 0</td> <td>x 50 =</td> <td>0</td> </tr> </table>					<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	60	- 60 = 0	x 50 =	0	<table border="0"> <tr> <td><u>Multiple Dependent Claims</u></td> </tr> <tr> <td><u>Fee (\$)</u></td> </tr> <tr> <td>360</td> </tr> <tr> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>0</td> </tr> </table>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	360	<u>Fee Paid (\$)</u>	0
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
60	- 60 = 0	x 50 =	0															
<u>Multiple Dependent Claims</u>																		
<u>Fee (\$)</u>																		
360																		
<u>Fee Paid (\$)</u>																		
0																		
HP = highest number of total claims paid for, if greater than 20.																		
<table border="0"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>36</td> <td>- 36 = 0</td> <td>x 200 =</td> <td>0</td> </tr> </table>					<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	36	- 36 = 0	x 200 =	0						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
36	- 36 = 0	x 200 =	0															
HP = highest number of independent claims paid for, if greater than 3.																		
3. APPLICATION SIZE FEE																		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																		
<table border="0"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> <td>0</td> </tr> </table>					<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 100 =	/50	(round up to a whole number) x	=	0				
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>														
- 100 =	/50	(round up to a whole number) x	=	0														
4. OTHER FEE(S)																		
Non-English Specification, \$130 fee (no small entity discount)																		
Other (e.g., late filing surcharge): 1252 Extension for response within second month																		
5. SUBMITTED BY																		
Signature: 		Registration No. (Attorney/Agent): 42,126	Telephone: (415) 268-8389															
Name (Print/Type): Robert E. Scheid		Date: October 3, 2006																

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